

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

CHARITTA BURT, PAS

U. S. Application No. 10/556 280

Publication Date 12.2.04

Publication No. WO 2004, 104 565; U.S. Only yes No

International Application No PCT/ DE2004, 001 050 Language German

Priority Document Country DE number 203 07 675.3 date 5.14.03 More PD's see IA ✓

Priority document in case ✓ 089 33

Correspondence Info 089 33 PCT/RO/101

Residence city Berlin state/country DE citizenship DE

Copy in International Application: yes ✓ No Translation Spec pages 6 claim pages 3 Abstract +

Total Drawing Sheets 2 (2 figures) foreign text \_\_\_\_\_

371 Filing Fees: paid ✓ insufficient IPER meets Art.33 (1)-(4) No fees \_\_\_\_\_

Total Claims 13 Chargeable 14 Independent 1 Multiple ✓ Original claims replaced by Art.34 \_\_\_\_\_

Oath/Declaration: signed ✓ unsigned defective completed 11-14-05

Power of Attorney \_\_\_\_\_ Small entity \_\_\_\_\_ Documentation: yes no

Biochemical Seq. Diskette: missing \_\_\_\_\_ in file \_\_\_\_\_ error report \_\_\_\_\_ entered date \_\_\_\_\_

Biochemical Seq. listing: missing \_\_\_\_\_ in file \_\_\_\_\_ CRF statement in file \_\_\_\_\_ no statement \_\_\_\_\_

Copy of ISR EP references \_\_\_\_\_ Copy of IPRE EP annexes \_\_\_\_\_ not entered \_\_\_\_\_

Article 19 Amendment: entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment dated \_\_\_\_\_ 2<sup>nd</sup> Amendment date \_\_\_\_\_

IDS dated \_\_\_\_\_ 2<sup>nd</sup> submission date \_\_\_\_\_

Request for Immediate Examination ✓

Substitute Specification \_\_\_\_\_ Dated \_\_\_\_\_

Assignment ✓ Extension of Time (months) \_\_\_\_\_

35 USC Receipts of Request 11-14-05, Notes

Date Completion USC 371 Requirements 11-14-05

Notice of Missing Requirements \_\_\_\_\_

Notice of Defective Response \_\_\_\_\_

Notice of Acceptance 2-3-07

Notice of Abandonment \_\_\_\_\_

Notice regarding CRF Disk \_\_\_\_\_ / UPDATED: \_\_\_\_\_

# Enclosure Text

MAILROOM DATE: 02/21/2006

NAME/NUMBER: 10569159

ATTY DOCK #/TRADEMARK: WRU 0255 PA/40878.341

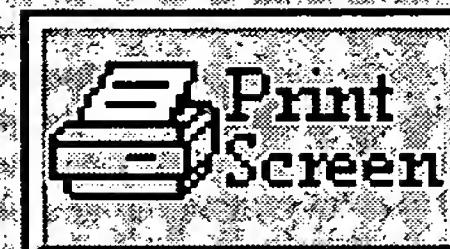
AMOUNT REFUNDED: 65.00

FEE RETURNED DUE TO OFFICE ERROR

FOR QUESTIONS RELATING TO REFUND, CONTACT

CHARITTA BURT - 703-308-9140X207

02/01/2007



2/6/07  
 completed

# Check Refund



Refund Status Window Help



## Refunded Payment

Payment from check no.: 012243

Bank Routing Code: 042200295

Acct No.: XXXXXXXX345

## Check Refund *TS568f*

Number:

Hold Date:

02/01/2007

Amount:

65.00

Treas Check No:

Refund Cat:

NONGOVNMNT

Status: INPROCSS

Fee Cd:

Name/Number:

10569159

Issue Method

Electronic

Paper

PCT Code

WPO

EPO

None

## Mailing Address

Payee Name: DINSMORE & SHOHL, LLP

601

Tax Identification No:

Attention:

Street:

ONE DAYTON CENTRE

ONE SOUTH MAIN STREET,

SUITE 1300

City:

DAYTON

Province:

State:

OH

Country: US

Postal Code:

45402-2028

CBURT1

02/01/2007

BEST ----- COPY